

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

- - -

ALISON O'DONNELL,

Plaintiff,

vs.

Case No. 1:16-cv-2450
Judge Donald E. Nugent

UNIVERSITY HOSPITALS
HEALTH SYSTEM, et al.,

Defendants.

- - -

DEPOSITION OF FRANCOISE ADAN, M.D.
Thursday, October 26, 2017

- - -

The deposition of FRANCOISE ADAN, M.D., a
witness, called for examination by the
Plaintiff under the Federal Rules of Civil
Procedure, taken before me, Diane M. Stevenson,
a Registered Diplomate Reporter, Certified
Realtime Reporter, and Notary Public in and for
the state of Ohio, pursuant to notice, at
Vorys, Sater, Seymour & Pease LLP, 200 Public
Square, Suite 1400, Cleveland, Ohio, commencing
at 3:00 p.m., the day and date above set forth.

Stevenson Reporting Service, Inc.
2197 Macon Court Westlake, Ohio 44145
440.892.8600 diane@nls.net

PLAINTIFF'S
Exhibit 13

1 stuck on the record --

2 A. Okay.

3 Q. -- maybe when they are printed or something.

4 All right. So it says that this was an
5 initial evaluation. So does that indicate for
6 us that this was the initial evaluation between
7 you and Dr. O'Donnell?

8 A. Yes.

9 Q. What does -- what is "90801"?

03:25 10 A. So that is a coding code for billing purposes.

11 Q. And then there are notes entered after the
12 initial evaluation. Would these be notes that
13 you would have entered?

14 A. Yes.

15 Q. Some of these notes would be based on a patient
16 history that you received from Dr. O'Donnell,
17 correct?

18 A. Correct.

19 Q. And then some of them may be based on your
03:25 20 observations of your evaluation of her,
21 correct?

22 A. Correct.

23 Q. If we go down towards the bottom, it says,
24 "IMP: Social anxiety disorder."

25 Do you see that?

1 A. Yes.

2 Q. What does "IMP" stand for?

3 A. Impression.

4 Q. So this is you making a determination or giving
5 an impression, as it states, correct?

6 A. Yes.

7 Q. And you list social anxiety disorder in regards
8 to Dr. O'Donnell, correct?

9 A. Correct.

03:26 10 Q. So is that the same thing as a diagnosis, or is
11 it different than a diagnosis? I guess I don't
12 hear the word "Impression" very often in the
13 medical sense.

14 A. It is a diagnosis.

15 Q. So as of this initial evaluation after meeting
16 and speaking with Dr. O'Donnell, you diagnosed
17 her with social anxiety disorder; is that fair?

18 A. I am surprised to see "IMP," as well. So, you
19 know, usually or at least today my notes I
03:27 20 would put "Diagnosed."

21 I wonder if it is something that is
22 already in the records and that is what I need
23 to, basically, use. But I believe that, yeah,
24 that I diagnosed her with social anxiety
25 disorder.

1 face-to-face evaluation on the 13th. Was this
2 just some additional information you received,
3 so you made a note in the records, or was this
4 another evaluation?

5 A. I don't exactly recall. But making
6 interpretation from the record, I understand
7 that the patient contacted me, expressed some
8 issues, increased anxiety since she started the
9 medication, and so I gave my recommendation.

03:29 10 Q. Before we go to the next page, from the initial
11 evaluation for present problem, it is written
12 in here, "She experiences physical symptoms of
13 anxiety around social situations, heart racing,
14 sweating, speaking fast, poor concentra-
15 tion...." I am assuming this is supposed to
16 say "mind going blank"?

17 A. Yes.

18 Q. "...jittery and has anticipatory anxiety."

19 Did I read that correctly?

03:30 20 A. Yes.

21 Q. And those were some of the things she was
22 reporting to you regarding her symptoms of her
23 condition?

24 A. Yes.

25 Q. And did you find those symptoms, those physical

1 A. Yes.

2 Q. So that hadn't changed, correct?

3 A. Correct.

4 Q. And it looks like she is still on a medication
5 regimen that at least included Klonopin at that
6 time; is that right?

7 A. Correct.

8 Q. Then it looks like the next note that I see
9 that corresponds to you is down on the bottom
03:37 10 of page four on November 9th, 2009; is that
11 correct?

12 A. Correct.

13 Q. And it looks like this was another 30-minute
14 meds check and brief psychotherapy session?

15 A. Yes.

16 Q. And you have indicated she started to work in
17 those notes, correct?

18 A. Yes.

19 Q. "Still limited social life and impairment
03:38 20 secondary to anxiety in personal and"
21 professional, "prof life," correct?

22 A. Yes.

23 Q. The impression, the IMP in this note, is social
24 phobia. Is that different from social anxiety
25 disorder, or is that just another name for it?

1 A. I don't -- I don't remember.

2 Q. Have you ever heard the name William Rebello?

3 A. I heard the name William Rebello.

4 Q. Have you ever spoken to Mr. Rebello?

5 A. I don't know.

6 Q. Do you know whether you have ever spoken to
7 Mr. Rebello regarding Dr. O'Donnell?

8 A. I don't remember.

9 Q. None that you can recall?

04:20 10 A. None that I can recall.

11 Q. Have you ever -- are you familiar with the name
12 Jerry Shuck?

13 A. No.

14 Q. You have never spoken to -- I am not sure if it
15 is Dr. or Mr. Shuck, regarding Alison
16 O'Donnell, correct?

17 A. Not that I remember.

18 Q. Do you recall ever getting a call from anyone
19 at UH regarding an accommodation request from
04:20 20 Dr. O'Donnell, other than the stuff that
21 Dr. O'Donnell gave you, herself, the
22 certification forms, the emails that we have
23 looked at, the letters, other than stuff that
24 came from her, did anyone from UH ever contact
25 you or send you anything regarding an

1 accommodation request for Dr. O'Donnell?

2 A. Not that I remember. Not that I recall.

3 Q. Do you know Dr. Uli, the fellowship director?

4 A. No.

5 Q. Have you ever spoken to Dr. Uli regarding
6 Alison O'Donnell?

7 A. I don't think so.

8 Q. Just give me a minute here.

9 Have you ever spoken to anyone at UH by
04:21 10 the name of Julie Chester?

11 A. Yes.

12 Q. In regards to Dr. O'Donnell?

13 A. Not that I remember.

14 Q. So you know who Julie Chester is in relation to
15 other matters --

16 A. Yes.

17 Q. -- not related to Dr. O'Donnell?

18 A. Correct.

19 Q. But in regards to Alison O'Donnell, you don't
04:22 20 recall ever having a conversation or receiving
21 any type of communication from Julie Chester?

22 A. No.

23 Q. Would you and Dr. Minnillo ever collaborate or
24 discuss his sessions or your sessions with
25 Dr. O'Donnell?

1 CERTIFICATE

2 State of Ohio,)
 3) SS:
 County of Cuyahoga.)

4 I, Diane M. Stevenson, a Registered
 5 Diplomat Reporter, Certified Realtime
 Reporter, and Notary Public in and for the
 6 state of Ohio, duly commissioned and qualified,
 do hereby certify that the within-named
 7 witness, FRANCOISE ADAN, M.D., was by me first
 duly sworn to testify the truth, the whole
 8 truth and nothing but the truth in the cause
 aforesaid; that the testimony then given by her
 was by me reduced to stenotypy in the presence
 9 of said witness, afterwards transcribed by
 means of computer-aided transcription, and that
 10 the foregoing is a true and correct transcript
 of the testimony as given by her as aforesaid.

11
 12 I do further certify that this deposition
 was taken at the time and place in the
 13 foregoing caption specified, and was completed
 without adjournment.

14 I do further certify that I am not a
 15 relative, employee or attorney of any party, I
 am not, nor is the court reporting firm with
 16 which I am affiliated, under contract as
 defined in Civil Rule 28(D), or otherwise
 17 interested in the event of this action.

18 IN WITNESS WHEREOF, I have hereunto set
 my hand and affixed my seal of office at
 19 Westlake, Ohio, the 4th day of November 2017.



25
Diane M. Stevenson
 Diane M. Stevenson, RDR, CRR
 Registered Diplomat Reporter
 Certified Realtime Reporter
 Notary Public in and for
 The State of Ohio

My Commission expires December 9, 2020.

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
 University Hospitals of Cleveland
 Case Western Reserve University
 11400 Euclid Avenue
 Cleveland, Ohio 44106
 216-844-2400

Page 1

Visitation Notes

for

ALLISON MATTHEWS
 3453772

7/7/09

90801. Initial evaluation

Allison is a 30 yo AA female physician single with no children, self referred (my web site) for anxiety issues.

Present Problem: Allison has always been shy with poor self esteem . She constantly compared self to others, believes that is she not enough no matter what she accomplishes and has difficulties to assert herself and speak out. She is a "people pleaser" . She experiences physical symptoms of anxiety around social situations (heart racing, sweating, speaking fast, poor concentration , mind going blank, jittery) and has anticipatory anxiety. Her condition is getting worst and she has consequences both professionally (people do not know how much she knows, refuses and avoids promotions,...)and personally (avoids social situations, no dating never been in a bar but once,...).All of these is coloring negatively her mood, she gets sad and frustrated, feeling she is missing out of life. She frequently feels guilty and feels she is not doing enough. No compulsions or obsessions. No anhedonia. No problem with temper or anger. No signs of mania or hypomania.

Past HX

She tried a few years ago zoloft 50 mg with good results with weight gain. No hx of SA. No CD. No Admissions. no history of counseling.

Family HX. "my dad is a little shy but is ok with it" No CD No SA. No mood disorder

Social/occupational HX

She grew up in Michigan , raised by biological parents. Dad is a cardiologist> Mom is a Physical therapist and stopped working when Allison was 3. Her younger sister is in med school in Cincinnati. No history of trauma, abuse or bullied. No legal problems. Good student. Graduated HS. Under Grad in Michigan (biology) Master in genetics and medical school. Just finished residency at CCF in pediatrics. will start a fellowship at UH next year in ped endocrinology. Will work in ED (Hillcrest) until then. No dating, last relationship was 2 years ago, would love one. "Vaguley Christian". No smoking. Less than a cup of coffee a week . 3 drinks a year.

Hobbies: horse riding, loves one in motor and figure skating. used to compete
 Few friends. Exercising regularly with personal trainer 3/week.

Medical hx: 160 lbs 5.5 F. NKDA. No meds currently. Takes MVI, CA, Fish oil. No history of cardiac condition, seizures or endocrinologic problems. menses are regular. No OBC (not sex active)

Mental Status exam: Alert, oriented times 4. Nicely dressed, appearing her age. Anxious, speaking fast and sweating profusely. Above average IQ. Motivated and invested. good eye contact. No psychotic sx. no racing thoughts. No SI/HI. Good judgement and Insight.

Target SX: Anxiety, discomfort in social situations, avoidance of social situations and poor self esteem

IMP: Social Anxiety Disorder

Rec: Will start Lexapro 2.5mg for 5 days increase to 5 mg for 7 days followed by 10 mg daily after that. Discussed side effects, alternatives, risks and benefits. Review relaxation techniques, positive affirmations and benefits of CBT. Will continue with exercise. Will check labs (including TSH). Follow in 3-4 weeks. Gave email and cell phone info for ? and emergencies.
 Lexapro 10mg 30 and 1 ref. Francoise Adan MD



7/13/09

email note 7/13/09

patient reports some increase anxiety since started lexapro. I recommended to lower the dose and
 ADAN000033

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
University Hospitals of Cleveland
Case Western Reserve University
11400 Euclid Avenue
Cleveland, Ohio 44106
216-844-2400
Visitation Notes
for
ALLISON MATTHEWS
3453772

Page 2

switch to the morning. Labs showed low vit D and high creatinine, I recommend f/u with PCP.Francoise Adan

7/28/09

90805 30 min for med check and psychotherapy
Reports feeling better. taking 10 mf lexapro, the side effects subsided.
Will start to work in 2 weeks
Exercises regularly, rides her horse when she can.
Started vit d3 5000UI and I recommended f/u with pcp for elevated creatinine
Feels less anxious. Feels less avoidant. thinking about social interections.
Morning are better then evenings.
NO SI or no HI
NO CD issues
NO new med problems
Future oriented
IMP. Social Snxiety Disorder
PLAN Lexapro 10 mg
referred to CBT
Discussed breathing techniques and relaxations techinques
exercise
vit d3
f/u with pcp
reviewed side effects/risks an alternatives
Francoise Adan MD

8/4/09

300.23 - 90801 Initial Evaluation, 50 minutes.
Talked about the symptoms, process and evolution of her social anxiety (see above notes), the fears and worries associated with engagement with others and the world, and the ways her defenses, particularly avoidance, serve both as protection and barrier. We talked about ways therapy can help with exposure, cognitive restructuring, mindfulness, CBT strategies, and enhancing her self-esteem. Follow up in 2 weeks. P.Minnillo, Ph.D.

8/18/09

90805
Improving , feels medications is helping . Started CBT and "feels it is going to happen".
Exercises and feels beeter after that
Stilll anxious in social situations and has avoidance
Looking at job offers, will start in Sept
discussed and practiced breathing exercise and mindfulness techniques

No Cd issues
no SI no HI
IMP
Social anxiety ds
PLAN
Same plan
lexapro 10 mg 30 and 2 ref
add klonopin 0.5 1/2 to one po bid prn 30 w no refi; discussed side effects/alternatives/risks/benefits

ADAN000032

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
University Hospitals of Cleveland
Case Western Reserve University
11400 Euclid Avenue
Cleveland, Ohio 44106
216-844-2400
Visitation Notes
for
ALLISON MATTHEWS
3453772

Page 3

f/u on 4 weeks
CBT
Francoise adan MD

8/18/09 90806 45-50 Min Individual Psychotherapy
Talked through her hierarchy of anxiety and set short-term goal of recognizing and recording her automatic thoughts, looking over ways to refute them, and how they inform her belief system. Follow up in 2 weeks. P.Minnillo, Ph.D.

9/1/09 90806 45-50 Min Individual Psychotherapy
Talked about how she greatly benefits from her striving towards perfection. She is still within the precontemplation/contemplation stages, but will continue to work on recognizing and taking note of the ways she benefits and stays safe with her struggle. Follow up in 2 weeks. P.Minnillo, Ph.D.

9/17/09 90805 med check and brief psychotherapy

better, feels less anxious when talks to others , still residual anxiety and anticipatory anxiety, some avoidance
mom give positive feedback
preparing to start to work but taking advantage of her free time as well
never anxiety free
attempted to exercise
CBT w dr Minillo
getting insight about cognitive distortions
practices breathing and mindfulness techniques

denies side effects
takes vit D

IMP
Social Anxiety Ds

Plan
reviewed side effects/alternatives/risks/benefits
discussed mind/body connection
discussed breathing and mindfulness techniques
reviewed d3 regimen and will repeat blood work
CBT
exercise
encourage pt to increase social activities and participation
f adan Md
klonopin prn (has only taken 3 since last visit)

ADAN000031

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
 University Hospitals of Cleveland
 Case Western Reserve University
 11400 Euclid Avenue
 Cleveland, Ohio 44106
 216-844-2400
Visitation Notes
 for
 ALLISON MATTHEWS
 3453772

Page 4

- 9/17/09 90806 45-50 Min Individual Psychotherapy
 Talked through her 'impact statement' related to her perfectionism, how it has interfered with her desire to live a balanced life with the ability to engage with others socially and manage to tolerate her mood and anxiety better. Follow up in 2 weeks. P. Minnillo, Ph.D.
- 9/28/09 90806 45-50 Min Individual Psychotherapy
 Talked about her success with 'going outside the lines' with drawing, parking, and wearing different colored socks. Will continue to work through her hierarchy of fears/anxiety, next session will report back how eating in public went. Follow up in 2 weeks. P. Minnillo, Ph.D.
- 10/12/09 90806 45-50 Min Individual Psychotherapy
 Talked through her 'eating in public' homework and how she succeeded in being able to engage and complete the activity. Talked through the origin of her struggle with food, restricting, and how this impacts and relates to her striving towards perfection. Next assignment will be to go eat in public together for 20 minutes. Will call with her availability. P. Minnillo, Ph.D.
- 10/26/09 90806 45-50 Min Individual Psychotherapy
 Talked through her previous homework. Made important breakthrough in admitting she felt irritated with me for not recognizing the efforts involved in coming in and working on making the changes she would like to see. Continues to struggle with her rigid beliefs of wanting to be perfect and pleasing others as the means of self-sufficiency. Follow up in 2 days. P. Minnillo, Ph.D.
- 10/28/09 90808 75 Min Individual Psychotherapy
 Went to conduct en vivo exposure therapy at the cafeteria with Allison. She and I continue to work through her hierarchy of anxiety, level 5/10 eating in public. We ate for over 30 minutes with discussion of anticipatory anxiety, the experience, as well as recap last session. Follow up in 2 weeks. P. Minnillo, Ph.D.
- 11/9/09 90806 45-50 Min Individual Psychotherapy
 Reviewed pt's reaction to exposure therapy. States that it felt good to confront situations of moderate anxiety - eating in public. Agreed to continue once a week and journal. Talked about her lack of assertiveness in situations that she wishes she acted differently. Explored alternatives and 'lessons' to take forward. Follow up in 2 weeks. P. Minnillo, Ph.D.
- 11/9/09 90805 for med check and brief psycho-30 min
 Partial results, still anxiety
 Started to work
 Counseling ongoing
 Sx are still better but much less, manages it better
 denies side effects from meds
 takes klonopin before therapy
 Still limited social life and impairment secondary to anxiety in personal and prof life

IMP

ADAN000030

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
University Hospitals of Cleveland
Case Western Reserve University
11400 Euclid Avenue
Cleveland, Ohio 44106
216-844-2400
Visitation Notes
for
ALLISON MATTHEWS
3453772

Page 5

Social phobia

vut D 36 (recommend MVI)

PLAN

Increase lexapro to 15 mg to 20 mg 30 2 refl

CBT

K for severe anxiety

discused side effects/alternatives/risks/benefits

- 11/24/09 90806 45-50 Min Individual Psychotherapy
Talked through her sense of therapy minimally working, but that she has much more to go. Talked through her life 'shoulds' and 'basic rights' as a person to get a better gauge of her self-esteem. Talked about how mom has been verbally abusive and the toll its taken. Follow up in 2 weeks. P.Minnillo, Ph.D.
- 12/8/09 90806 45-50 Min Individual Psychotherapy
Talked about steering therapy into the direction towards her unhealthy attachment towards mom. Recognizes that mom is both the most important person in her life and the most damaging. Began to unpack her decision-making, costs and benefits of change. P.Minnillo, Ph.D.
- 12/21/09 90806 45-50 Min Individual Psychotherapy
Talked about her recognition of progress being made slowly, but was quick to point out that she has a 'long way to go'. Talked about the benefits of journaling so she can recognize and have concrete data of when she is able to confront her social anxiety successfully. P.Minnillo, Ph.D.
- 1/5/10 90806 45-50 Min Individual Psychotherapy
Very good work. Talked through her thought record and how she gained a valuable insight into her relationship with mom. She came to understand that mom's way of showing that she cares can be interpreted as overbearing and controlling. We also processed 2 weeks of thought records including situations that caused discomfort, emotional reaction, and way she coped/alternatives. Doing better job at catching maladaptive cognitions. P.Minnillo, Ph.D.
- 1/5/10 90805 30 min med check and brief psycho
better since increased the lexapro to 20 mg
takes klonopin about 2/month
practicing CBT, found very helpful
still plenty of residual anxiety but resistant of increase the meds
no cd issues

ADAN000029

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
University Hospitals of Cleveland
Case Western Reserve University
11400 Euclid Avenue
Cleveland, Ohio 44106
216-844-2400
Visitation Notes
for
ALLISON MATTHEWS
3453772

Page 6

enjoying her work, working PT in the evening and will extend her work in the summer
limited social life, still some avoidance
no si no hi
no side effects
practices tension release exercise

IMP
Social anx ds

PLAN
CBT
encourage pt to increase the meds but pt prefers to wait
relaxations techniques
lexapro 20 30 one ref
f/u in 4-6 weeks
fadan md

- 1/20/10 90806 45-50 Min Individual Psychotherapy
Practiced 'stream of consciousness' exercise and free association to allow herself to tolerate discomfort in the moment. Shared anxiety levels being around 8.5 yet recognizing her ability to tolerate significant distress. Went through 'top 10 commandments' of her life and highlighted areas in which were helpful or not helpful in working towards her goals in therapy. P.Minnillo, Ph.D.
- 2/1/10 90806 45-50 Min Individual Psychotherapy
Good work. Processed that working hard to achieve her moms goals, in the long and short term, wont make her happy. Talked about ways she could positively reinforce her efforts as to take advantage of her hard work more positively. P.Minnillo, Ph.D.
- 2/15/10 90806 45-50 Min Individual Psychotherapy
Talked through her anger and feeling rejected last session when I challenged her to take ownership of the direction of our therapy. We highlighted the important insights she made regarding the futility of finding happiness while striving towards moms goals. We also talked through the progress she has made in the very ability to share her anger and frustrations with me. She left not feeling abandoned, but that we were able to talk through misunderstandings by her facing her fears and processessing them in therapy. Good work. P.Minnillo, Ph.D.
- 2/15/10 90805 30 min for med check and brief psycho
working and likes it
therapy ongoing w r minillo
anxiety is better, still residual sx but notices some improvement
no side effects

ADAN000028

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
University Hospitals of Cleveland
Case Western Reserve University
11400 Euclid Avenue
Cleveland, Ohio 44106
216-844-2400
Visitation Notes
for
ALLISON MATTHEWS
3453772

Page 7

benefits from increase of medications
healthy and no new med problems
takes klonopin prn , when has cbt
discussed the pro and cons of increase medication, pt is hesitant although i support the increase since
sx are still present
pt is incredibly resilient and is facing her fears despite a great level of anxiety (: i able to talk to
someone in the line of groceries store...for the first time!)
exercises
consider meditation, not fitting her schedule right now.

IMP
social anxiety ds
PLAN
same plan for now
meditation class to consider
f/u in 4-6 weeks to consider increase of meds
fadanmd

2/17/10 faxed to the Drug Store 800-373-6013 Lexapro 20mg 1/g #30 DAW 1 refill. Per Dr Adan/mpollack

3/2/10 90806 45-50 Min Individual Psychotherapy
Good work. Did priority/values exercise - ranked family, love, happiness, and friends 1-4 as most important. Will journal about key insight that if she was perfect, then she would be lovable or that if she found herself lovable, then she wouldn't need to be perfect. Follow up in 2 weeks. P.Minnillo, Ph.D.

3/16/10 90806 45-50 Min Individual Psychotherapy
Did good work around her low-self esteem impacts, seems to prohibit her from opening herself up to new relationships for fear of rejection. We discussed focusing the next couple sessions on self-acceptance and being non-judgmental towards her shyness and discomfort around others. Homework is to identify 7 positive characteristics of self. P.Minnillo, Ph.D.

3/30/10 90806 45-50 Min Individual Psychotherapy
300.02 - Talked about how she feels guilt about sticking up for herself and how she feels the tension between legitimizing her right to be assertive and have healthy boundaries and to 'bully' herself in response. Good work in gaining insight, will continue to actively work on refuting unhealthy thought processes that feed into her emotions, particularly guilt. P.Minnillo, Ph.D.

4/12/10 90806 45-50 Min Individual Psychotherapy
Pt. recognized her resistance to processing her struggle with medical school which she describes as 'hell' and other powerfully negative descriptors. She realizes that she focused her anxiety in areas she could be successful while getting herself off the hook for relationship work as she was always able to be busy in med school. P.Minnillo, Ph.D.

faxed to THE Drug Store Lexapro 20mg 1/d #30 1 refill per Dr Adan/mpollack ADAN000027

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
University Hospitals of Cleveland
Case Western Reserve University
11400 Euclid Avenue
Cleveland, Ohio 44106
216-844-2400
Visitation Notes
for
ALLISON MATTHEWS
3453772

Page 8

4/22/10

4/26/10 90805 med check and brief psycho
CContinues to slowly improve
working really hard in therapy and making progress
residual anxiety
attending meditation clas, very stressful but finds the techniques helpful;
denies SE
Takes Klonopin vary rarely
Will start fellowship in July 3 years, likes her work in ER
Still severe social anxiety, disabling...limited social life
IMP
saical anxiety
PLNA
klonopin prn
reviewed side effects /alternatives/risks/benefits
increase lexapro to 30 mg 45 and 135tablets
fadan md

4/26/10

90806 45-50 MIN INDIVIDUAL PSYCHOTHERAPY
Talked about feeling frustrated by my process statement that I often lead conversations when it could be helpful for her to inform therapy as to what is more helpful to discuss. Worked through in session, was helpful for her to express negative feelings and trusting it being ok. Will work on not being as harsh and critical on herself. P.Minnillo, Ph.D.

5/10/10

90806 45-50 MIN INDIVIDUAL PSYCHOTHERAPY
Pt came in and talked through her homework of capturing negative thoughts, coming up with viable alternatives, talked through her feeling about '50%' where she would like and happy with the progress she has made. Next assignment is to focus on positive aspects of herself. P.Minnillo, Ph.D.

5/21/10

I have been on the increased dosage (30mg) of Lexapro for approximately 3 weeks. I have not noticed a significant reduction in my anxiety; however, I have noticed decreased energy and lack of motivation. Do you think I still need time to adjust to the dosage change, or should I go back to 20mg?

Thanks,
Allison Matthews
p/20 mg
fadan md

5/26/10

90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
Pt. talked through the positive attributes exercise. Recognizing that she has strong defenses that protect her from closeness and intimacy with others. That tension seems to work against her goal by

ADAN000026

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
University Hospitals of Cleveland
Case Western Reserve University
11400 Euclid Avenue
Cleveland, Ohio 44106
216-844-2400
Visitation Notes
for
ALLISON MATTHEWS
3453772

Page 9

protecting her from rejection and general uncomfortableness. Recognizes that in order for her to make substantial progress, she will have to address her defense and avoidance strategies. P.Minnillo, Ph.D.

- 6/8/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
Pt talked about our sessions being simultaneously enlightening and frustrating in response to increased understanding about the basis of her behavior but stating she lacks understanding on how to change this. We went deeper here and realized that she does know what would be helpful to change, but that it would be tremendously anxiety provoking as it would be scary. P.Minnillo, Ph.D.
- 6/21/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
Discussed her homework on processing reactions she has towards others and her emotional reactivity. Stated that she struggled similarly with most people she encountered, while recognizing that at the level of cognition, this should not be the case. Continues to explore the benefits of avoidance, especially protection from intimacy which is terrifying to her. P.Minnillo, Ph.D.
- 6/30/10 90805 med check and brief psycho
Doing 50 % better since beginning of RX
Still residual sx and hesitant about taking klonopin
reviewed importance of self care, cbt and alternatives meds
pt prefers to stay with what is for no
discussed breathing techniques and benefits of meditation and exercise
will start fellowship tomorrow
encouraged her to increase her support and pursue cbt even her schedule will be full
IMP?plan
reviewed plan and recommendations / same as last visit
fadan md
- 6/30/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
Talked about beginning the process of moving towards activities that will allow her the opportunity for joy while minimizing the time spent on being critical and negative towards self. Will confront fears of going to orientation and journal how her experience compared to her level of fear. P.Minnillo, Ph.D.
- 7/19/10 90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN
Pt talked about ways she could continue to build upon her successful confrontation and working through of an anticipated stressor linked to irrational fear. Came up with the thought of exploring creativity and how that may loosen her wish for perfectionism as well as confront her inner voice of judgement. P.Minnillo, Ph.D.
- 7/28/10 90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN
Talked through her new insight into perceiving herself as being impatient. Is becoming aware that her constant striving to do more things may be loading into her anxiety, not just the perception of relieving it. Discussed practical ways to test her impatience by recognition and awareness into recognizing

ADAN000025

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
 University Hospitals of Cleveland
 Case Western Reserve University
 11400 Euclid Avenue
 Cleveland, Ohio 44106
 216-844-2400
Visitation Notes
 for
 ALLISON MATTHEWS
 3453772

Page 10

early and more often. P.Minnillo, Ph.D.

- 8/18/10 90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN
 Pt discussed her struggle with making behavioral and cognitive adjustments towards acceptance for fears of losing control or not being able to manage the consequences of accepting all things are not in her control. P.Minnillo, Ph.D.
- 9/1/10 90806 INDIVIDUAL PSYCHOTHERAPY, 50 MIN
 Talked about the pros/cons of her anticipatory anxiety and how she stands to gain via motivation and action, yet she is beginning to question the viability or necessity of her worry. She believes she can function as well, perhaps better without it. Will work on concrete ways to attempt to dilute its potency. P.Minnillo, Ph.D.
- 9/24/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
 Patient is doing better, less anxiety, but feels 'room to go'. Talked about cultivation of three goals: working on ways to enjoy herself and have fun, read homework 'revenge of the introvert', and beginning to journal activities that impact her anxiety levels. P.Minnillo, Ph.D.
- 9/28/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
 Started to concretize plan for working on both acceptance of aspects of her person that are relatively stable/temperamental and those aspects she would like to continue to work on as it relates to managing her anxieties around people. P.Minnillo, Ph.D.
- 10/13/10 90805 med check and brief psycho 30 min
 Doing better
 Working and a little bit more social
 Residual sx on anxiety
 Stressed by work's responsibilities and demands
 Exercising 4 times a week therapy ongoing w benefits
 Positive feedback enough still described quiet at work
 takes klonopin once a week
 no or little etoh
 IMP
 Social anxiety ds
 PLAN
 increase frequency of klonopin and leave lexapro CBT and same recommendations
 f/u in 8 weeks
 fadan md
- 10/13/10 pt signed private pay acknowledgement /ksealey
- 10/29/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
 Went over euogy written last year to gauge the progression of her ability to manage anxiety, be more

ADAN000024

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
University Hospitals of Cleveland
Case Western Reserve University
11400 Euclid Avenue
Cleveland, Ohio 44106
216-844-2400
Visitation Notes
for
ALLISON MATTHEWS
3453772

Page 11

resourceful in coping, and cultivate relationships that are edifying. Work continuing on not needing to have 'theory' or 'structure' to provide her relief in session. P.Minnillo, Ph.D.

- 12/8/10 90806 INDIVIDUAL PSYCHOTHERAPY - 45-50 MIN
Pt recognizes that she is doing much better - less anxious, less criticism, doing well at work, but recognizing the benefit of balance and will be moving to reduce some of her work time and use it for her personal/leisure time. P.Minnillo, Ph.D.
- 12/22/10 90806: INDIVIDUAL PSYCHOTHERAPY, 45-50 MIN
Talked about her progress and how she would like to manage her anxiety while preserving the benefit of planning and preparation. Will consider alternatives to 'productivity' as priority including time for self and being more in the moment. P.Minnillo, Ph.D.
- 2/8/11 90805 med check and brief psycho
Doing OK
Still residual anxiety, denies any specific triggers
Denies SI or HI
Denies SE
Lexapro 20 mg and uses klonopin about once a week
Exercising, horse riding, figure skating, started yoga
Planning, hoping to go to Nationals for skaing in the adult category next year!
Social life has improved as well, no dating
Denies CD
No new med issues
IMP
Social phobia
PLAN
reviewed se r b a
discussed alternatives as neurontin
enxoruage pt to exercise and rpactice relaxation techinques
support pt to use klonopin more fequently
therapy
lexapro 20 mg for now as pt is reluctant to introduce a change and has improved
fadan md
- 2/9/11 90806: INDIVIDUAL PSYCHOTHERAPY, 45-50 MIN
Met with patient to work on ways she can validate the good work she is doing at work with patients, recognize the positive feedback she receives at work, and the intrinsic motivation of a job well done. This process would be in the service of practicing the refuting of her negative self-talk and gain greater perspective to the whole of her experience. P.Minnillo, Ph.D.
- 2/28/11 90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN
Met with pt to discuss a plan for her to confront her fear of failure in a way that offers the opportunity to not 'be on' and space to explore not being perfect. She chose to allow herself to sleep in for 30

ADAN000023

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
University Hospitals of Cleveland
Case Western Reserve University
11400 Euclid Avenue
Cleveland, Ohio 44106
216-844-2400
Visitation Notes
for
ALLISON MATTHEWS
3453772

Page 12

minutes longer in the morning as she recognizes the benefits of rest as important for the demands of her life. P.Minnillo, Ph.D.

- 3/30/11 90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN
Met with patient to talk through her understanding of how her anxiety has changed over the course of the last month. She seems to be able to cope more effectively with stress and doesn't express that her daily activities are overwhelming. She took the burnout assessment and scored low highlighting her resolve and capability to endure and perform despite her struggle. P.Minnillo, Ph.D.
- 4/28/11 90805 med check and brief psyco
30 in
Doing well
No CX
Working
Healthy, no new meds
Denies SI or HI
Denies SE
Feels benefits from meds
Therapy ongoing w benefits
Takes klonopin prn for presentation and when comes for therapy
Not exercising regularly
Socializing a little more, it is easier to talk to people
IMP
Social Phobia
PLAN lexapro 20 90 3 r
klonopin .5 30 no r
CBT
LABs, request given to pt
reviewed se r b a
fadn md
- 5/3/11 90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN
Continuing to do well. Shared that she is feeling less crippled by anxiety/worry. Willing to spend time logging the ways she appreciates the good in life and gratitude for her hard work in response to mitigating her anxiety in an alternative fashion. P.Minnillo, Ph.D.
- 5/17/11 E-Rx to BioScript 800-677-5976 Lexapro 20mg 1/d #90 1rf per Dr Adan/mpollack
- 5/27/11 90806: INDIVIDUAL PSYCHOTHERAPY 45-50 MIN
Met with pt to continue exploring her guilt and selfish feelings to deconstruct according to the situation and how her feelings arent factual assessments, but rather a product of her tendency to misinterpret and make decisions to feel better and be liked by others. P.Minnillo, Ph.D.

ADAN000022

Monday, March 05, 2012

Division of Ambulatory Care
Department of Psychiatry
University Hospitals of Cleveland
Case Western Reserve University
11400 Euclid Avenue
Cleveland, Ohio 44106
216-844-2400
Visitation Notes
for
ALLISON MATTHEWS
3453772

Page 13

9/6/11 90805 med check and brief psycho 30 min
Doing OK
NO new meds/ takes lexapro 20 mg
She feels anxiety is much better
Much less anxious in social situation and able to be social
Denies SE
Denies SI or HI
exercising daily
Takes klonopin when needs to present or when anxiety is severe (3 in one months)
Therapy not as regular, not in 3 months, practices CBT on her own
Planning for a vacation next week
Working, busy , stressful
started to date/ boy friend for 6 m
IMP
social phobia
PLAN lexapro 20 mg 30 5
klonopin .5 prn 30
CBT
labs/ did not do since last visit " forgot"
exercise and healthy diet
reviewed se rb a
fadan md

ADAN000021

ADA HEALTH CARE PROVIDER/PHYSICIAN CERTIFICATION

Date: 3/22/12

Employee/Patient Name: Alison Matthews

Position Title: Pediatric Endocrinology Fellow

Re: Request for Reasonable Accommodation

Dear Health Care Provider/Physician:

University Hospitals has received a request for reasonable accommodation from our employee and your patient named above. As set forth in the Authorization to Release Medical Information, the employee has authorized you to release to us the necessary medical information that will allow us to evaluate this request.

In order to assist us with our obligations under the American with Disabilities Act (ADA) and the American with Disabilities Amendments Act (ADAAA), we are requesting that you to provide feedback to the following questions based on your medical expertise.

Initial Information

An employee has a disability if he or she has an impairment that substantially limits one or more major life activities or has a record of such an impairment. **"Substantially limits" under the ADAAA has been broadened to allow** someone with an impairment to be "regarded as" having a disability, even without the perception that the impairment limits a major life activity, provided that the impairment does not have an actual or expected duration less than or equal to six months.

The ADAAA provides examples of **"major life activities,"** including "caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of a major bodily function, such as functions of the immune system, normal cell growth and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions."

In general, the following is a brief summary of the essential functions of the position held by the above named employee (including the physical and mental demands of the job.)

- Obtain focused history; perform directed physical examination; formulate and prioritize differential diagnoses based on patient information, current scientific evidence and sound clinical judgment on all patients seen in the out-patient clinics and in-patient consultation service.
- Precept all patients with a member of the attending faculty in a timely manner, discussing clinical findings and incorporating results of all available ancillary investigations.



ADAN000011

- Counsel patients and their families regarding diagnostic and management plans. Communicate clinical impression and results of investigations to patients and their families effectively and at the appropriate developmental/educational level. Be a strong advocate for quality patient care and identify appropriate resources to address patient needs. Take ownership and responsibility for ongoing patient care.
- Maintain accurate, timely, complete and legible medical records.
- Acquire sound foundation of knowledge with adequate scope and depth in the various subspecialty diagnoses, including basic science and clinical endocrinology. Use self-reflection to identify areas of knowledge deficits, utilize available resources and demonstrate initiative in consistent self-directed learning. Demonstrate critical thinking skills in evaluating medical literature.
- Actively participate in all educational sessions of the division, with adequate preparation on assigned topic presentations. Take an active role in educating medical students, residents, nurses and other medical personnel.
- Seek opportunities to strengthen knowledge and skills. Accept feedback appropriately and act on areas identified for improvement.
- Actively seek opportunities and collaborate with members of the faculty on Quality Assessment and Quality Improvement projects.
- Engage in clinical or basic science research project with substantive scholarly exploration, including hypothesis development, execution of the project and preparation of manuscript for presentation and publication.
- Demonstrate compassion and respect for others, sensitivity and responsiveness to others' needs, productive work habits and ability to function effectively with other members of the health care team.
- Act with honesty and integrity, engage in ethical medical practices.
- Develop the knowledge, clinical abilities, interpersonal and communication skills to function effectively in the role of a sub-specialty consultant.
- Works a minimum of 40 hours per week

Please answer the following the questions to help us determine whether the above named employee has a qualifying disability and whether the employee needs a reasonable accommodation in order to perform the essential functions of his/her position.

1. Does the employee have disability that substantially limits one or more major life activities? Yes ☒ No ☐

If yes, describe the disability and any limitation(s) in detail?

SOCIAL PHOBIA
DIFFICULTIES IN UNKNOWN SOCIAL SITUATIONS

2. Does the employee use any mitigating measures (e.g., medications, assistive technologies, etc.) Yes ☒ No ☐

If yes, how does the mitigating measure affect the disability?

IT's helping to decrease the symptoms

3. Does the disability affect the employee's ability to perform any one of the essential functions of the position? Yes ☒ No ☐

If yes, please describe the impact on the person's ability to perform any specific essential function(s). PUBLIC SPEAKING AS CASE CONFERENCE, SPECIALLY UN-REHEARSED

4. Are there any restriction(s) and/or accommodation(s) that would allow the employee to perform the essential functions of the position? Yes ☒ No ☐

If yes, please list the restriction(s) and/or accommodation(s).

I would recommend not to evaluate employee performance on case conference, particularly unrehearsed.

5. Is the need for accommodation likely to be temporary or permanent?

Temporary ☐ Permanent ☒ probably during the rest of the fellowship.

If temporary, how long do you estimate that the need for the restriction(s) and/or accommodation(s) will last?


Signature of Health Care Provider/Physician

Date:

5/3/12

The employee is actively seeking help for her symptoms and is very motivated in her treatment. She has made some progress already.

ADAN000013